U.S. DISTRIC

General Complaint
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U.S. DISTRICT COURT 2012 DEC 17 AM 10: 24 TEXAS-EASTERN

TEXAS FACTORITIES TATES DISTRICT COURT FOR THE EASTERN DISTRICT OF TEXAS Y

Brett A. Cargile

Case Number: 6:120939

List the full name of each plaintiff in this action.

VS.

James B. Holfon DDS, MSD Lester B. Collins III, MD ETMC Tuler Tr

List the full name of each defendant in this action. Do not use "et al".

Attach additional pages if necessary.

I. ATTEMPT TO SECURE COUNSEL:

Please answer the following concerning your attempt to secure counsel.

- A. In the preparation of this suit, I have attempted to secure the aid of an attorney as follows: (circle one)
 - 1. Employ Counsel
 - 2. Court Appointed Counsel
 - 3. Lawyer Referral Service of the State Bar of Texas, P. O. Box 12487, Austin, Texas 78711.
- B. List the name(s) and address(es) of the attorney(s):

Self	Bre	H Alle	n C	argil	9
Self PoBox	874-	Tyler	Tx	757	10

	O .	Results of the conference with counsel:
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		I Denity Fraud Inspecter General
		YFIFrAUD-2 chaime # HippA-5 Tolen Med
II.	T 1a	(1.4100111111111111111111111111111111111
11.	List	Frenzons Automatics.
	Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action or any other incidents? Yes No
	B.	If your answer to "A" is "yes", describe the lawsuit in the space below. If there is more than one lawsuit, attach a separate piece of paper describing each.
		1. Approximate file date of lawsuit: 1-24-10
		2. Parties to previous lawsuit(s):
		Plaintiff Brett Allen Caraile
		Defendant Richard Ross-Terry Purdue Rickey Allum
		Attach a separate piece of paper for additional plaintiffs or defendants.
		3. Identify the court the lawsuit was filed. If federal, name the district. If state, name the county.
		EAstern District Ty, Smith
		4. Docket number in other court. #7.2:10 cv 307 (Ause#42:1983 #:2:10-cv-00307.71
		CAuse#42:1983 #:2:10-cv-00307-TIW-CE Name of judge to whom the case was assigned. The John Ward - Judge Charles Evergham
		6. Disposition: Was the case dismissed, appealed or still pending? Dismissed
		7. Approximate date of disposition $1 - 24 - 11$

Record

III. Parties to this suit:

	List the full name and address of each plaintiff:
	Pla#1 Brett Allen Cangile
	Po Box 874- Tyler Tx 75701
	Pla #2
]	List the full name of each defendant, their official position, place of employment
•	and full mailing address.
I	Off #1: James. B. Holton, Surgery Oral and
f	FACIAL Surgery - 805 Turtle creek Dr
_	NICK /X /S /UI 903.592-1664
]	DA #2: Lester B. Collins III, MD-Neurologist
_	700 OLYMPic PLASZA Circle, Suit 910
	Tyler Tx 75701
	Off #3 ETMC of Tyler Tx -
	TDT- Farden out Tipped some
-	TDI- Employment Injered counsel Tyler Tx 75701- Arkive Dep. Med Records
f	Attach a separate sheet for additional parties.
	TDI Employment Injury CourseL
	Tyler Tx 3800 Paloxev Drive Suit 52
	Tyler Tx 3800 Paloxey Drive Suit 57 Tyler Tx 75 703-
	1718/ /X /3 /03

IV: Statement of Claim:

State as briefly as possible the fact of your case. Describe how each defendant is involved. Include the names of other persons involved with dates and places. Do not give any legal arguments or cite cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need, attaching additional pages if necessary.

v. Relief: State Briefly exactly what you w	ant the court to do for you. Make no legal
arguments and do not cite cases or statu	tes. Attach additional pages if necessary.
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I declare (cortific youife and)	
I declare (certify, verify or state) under penalty of	perjury that the foregoing is true and correct.
D	
Executed on:Date	
Date	124
	Signature of each plaintiff
	- Lammarr

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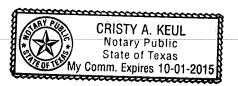
A Company of the Comp

State of Texas

County of Smith

SUBSCRIBED AND SWORN TO BEFORE ME by Bret A. Cagile on the

day of _____, 2012, to certify which witness my hand and official seal.



Cristy a Kenf Notary Public

James B. Holton, DDS, MSD

Diplomate American Board of Oral and Maxillofacial Surgery

ORAL AND FACIAL SURGERY CENTER

URT

21, 805 Turtle Creek Drive • Tyler, Texas 75701 903-592-1664 • 1-800-531-2323 • Fax 903-592-1789 E-Mail: tofs@tofstyler.com • Website: tyleroralsurgery.com



Lester B. Collins III, MD Neurologist

East Texas Medical Center Regional Healthcare System

700 Olympic Plaza Circle, Sulte 910 Tyler, Texas 75701 PH; (903) 595-2643 1-800-728-2702 FAX: (903) 595-6816 www.etmc.org/neuro